

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City *St. Louis Mo.* (No.) *Sanitarium*

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **2669** St. Ward

10088

2. FULL NAME

Jewell D. Hudgens
(a) Residence. No. *2529 Maiden Lane*, *13* Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred *20 yrs. +* mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura Hudgens*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 2, 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 9 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Salesman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Unknown*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Buckner*
(STATE OR COUNTRY) *Arkansas*

10. NAME OF FATHER *Jasper Hudgens*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Union County*
(STATE OR COUNTRY) *Arkansas*

12. MAIDEN NAME OF MOTHER *Fannie Calcut*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Lafayette*
(STATE OR COUNTRY) *Arkansas*

14. INFORMANT *K. O. Russell*
(Address) *City, La.*

15. FILED *113* 19 *27* *Max S. Starckoff*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-17-1927*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 28*, 19*26*, to *3-10*, 19*27*
that I last saw him alive on *3-10*, 19*27*, and that death occurred, on the date stated above, at *12:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senilis
Paralytica
83
76
(duration) yrs. *6* mos. *25* da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. *✓*DID AN OPERATION PRECEDE DEATH? *no* DATE OFWAS THERE AN AUTOPSY? *no*WHAT TEST CONFIRMED DIAGNOSIS? *✓*(Signed) *K. O. Russell*, M. D.3-17-1927 (Address) *City, La.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Ura Ill *3-19 1927*
20. UNDERTAKER ADDRESS

Arthur J. Donnelly *2039 Wash St*

